N. B.—Every item of information should be carefully supplied! AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 24 1934

File No. 4140

Registered No. 23

1. PLACE OF DEATH

County Callaway. Registration District No. 104

Township Primary Registration District No. 3008

City Fulton Mo. (No. , St. Ward)

2. FULL NAME Samuel ~~[illegible]~~ Stewart

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorena Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1862

7. AGE: YEARS 71 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME James Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Laura Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. B. Stewart
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE Feb. 11, 1934

19. UNDERTAKER Leo G. Wallace
(ADDRESS) Fulton Mo.

20. FILED Feb 10, 1934 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Feb 10, 1934

I last saw him alive on 2 - 9 -, 1934. Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Peritonitis	
1317	
1316 B	
139	
189	

Other contributory causes of importance:

Prostatectomy 2-8-34

Name of operation Prostatectomy Date of 2-8-34

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. B. Bridgeman, M. D.

(Address) Fulton Mo.

#2 Callaway

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 4140
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

23

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Samuel Stuart
Who died at _____ on 2-10-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 71 Months 4 Days 7

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Shock & Peritonitis
Prostatectomy was performed for enlarged prostate & retention of urine & chronic cystitis & urethritis.
Other contributory causes of importance not Gonococcic urethritis
Name of operation Prostatectomy Date of 2-8-34
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
(Signature of Registrar E. T. McGaugh) Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 104

Primary Reg. Dist. No. 3008

E. T. McGaugh, M.D.
Special Agent.

S-4140